2756

BOSTON MEDICAL LIBRARY ASS'N. JUN 7 1893

KANSAS MEDICAL JOURNAL.

VOL. IV. TOPEKA, KANSAS, JANUARY, 1892. No. 1.

President's Address.

Read before the South Kansas Medical Society, Hutchinson, Kansas, November, 1891,

BY

J. W. McCRACKEN, M.D., Sterling, Kansas.

Progress is the motto that has ever been written over the entrance to the temple of science, and medicine, while not one of the exact sciences, is no less entitled to claim the proud distinction of one of the most progressive members of this great body. Its individual members have frequently achieved world-wide fame for their prominence in discovery, in science, or in the less renowned but equally worthy devotion to the suffering, dying or plague-stricken of the world, and facing pestilence with a heroism surpassing that of the battle field. Whether as a Harvey, a Jenner, or a Koch, or as Hippocrates, Celsus, Galen, Tait, Dewees, Wood, or Flint; or as Lewis and Andral, of Paris, when they rode horseback a hundred miles to meet and study the cholera on its first approach to their city; or as numbers of noble men have gone from their pleasant homes in the north to labor with the fever-stricken of our southern cities. All these, with a majority of the great mass of the educated physicians of the world, have been earnestly devoted to, and deeply interested in, the advancement of medical knowledge and the elevation of the entire medical profession.

The labors of the medical profession have not been confined to the study of diseases and their cure alone, but their influence is felt in their efforts to improve the sanitary condition of cities, garrisons, hospitals, and the people at large. In the educating and training of armies of nurses and hospital attendants, in improved apparatus for fractures, luxations, and supports, is also manifest the same study and devotion; in antiseptic surgery and thorough cleanliness and disinfection in disease.

In the field of operative surgery wonderful advancement has been made in the last decade. Abdominal section is now resorted to with no more hesitancy than was formerly manifest in a safe amputation. Through the efforts of such men as Bilroth, Lawson Tait, Battey and others, and the most rigid attention to antiseptic conditions, many lives have been saved that would have been lost under the old regime, or have been allowed to suffer out an existence worse than death itself. But the surgeon of to-day is not content with invading the abdominal and thoracic cavities with impunity, but, aye, even the skull is entered with a cool recklessness that would make the elder Gross, Mott and Hunter, if they could live to-day, falter with incredulity, and disbelieve their own eyes.

The second to perform a double craniotomy, and about the sixth or seventh operation of the kind in all, was our own Prof. J. C. McClintock, of Topeka, Kansas. I add the Kansas because I am proud of such men in our young state. This operation was upon an idiotic child three years and eight months old, a case of microcephalus. The result was all that the most sanguine could have expected—recovery from the operation and very marked improvement in the mental and physical condition of the child.

But the crowning effort in operations on the head (within the skull) is reported in the newspapers as performed on the person of George Weyman, of New York, by Dr. Wabie at the insane asylum on Blackwell's Island. This man, the patient, was a "driveling idiot," the product of a marriage of consanguinity, and was very low in the scale of idiocy. An incision was made from

one inch in front of the ear to a corresponding point on the opposite side, and tissues dissected loose and pulled down over the eyes. A small trephine was used, and the holes united by a saw. Now the frontal portion was forced away from the rest of the skull one inch, and maintained in that position by ivory wedges; scalp united and allowed to heal. We are not told the exact time that was given to the healing process, but in due time, when the skull had become fixed in its new position, it was again opened, and now comes the novelty of the operation. The dura mater was now cut, raised up and the exposed brain covered by a very thin layer of sterilized sponge, and on this were laid thin slices of the brain of a monkey, the dura mater replaced and the space yet left packed with sterilized oakum. This was repeated sixteen times in ten months, when the new skull space was filled with brain, and the cure complete. Improvement was prompt from the first, and the more brain deposited in the vacant space, the better he became. He is now able to speak, think, and act, and is being cultivated, and will soon be able to take care of himself.

Now, if this operation of Dr. Wabie's is fully successful, it will be hard on the monkey tribe, as there is room for a great many operations. Shakespeare makes McBeth to say, "Cans't thou not minister to a mind diseased?" We answer, "yes."

Obstetrics, like surgery, has felt the influence of the nineteenth century progress, and has laid aside much of the fogyism of the past, and with improved instruments a proper use of ether and other agents, and an intelligent application of the teachings and knowledge of to-day, much of the danger that has attended the lying-in woman has been removed.

The practice of medicine has made the most rapid strides during this century. From the guess-work of the average practitioner of the early part of this century, we have the clear and lucid exemplification of facts to-day. From the bungling and uncertain treatment then, we have a clearness and definiteness that characterizes the treatment of the present.

Instead of the roots and yarbs and crude powders with "10 and 10" and the lancet, we now have remedies of definite strength and elegance which produce positive and well-defined results. The practitioner of to-day does not have to cover all the ground compassed by human ills. The surgeon, the obstetrician, the gynecologist, the optician, the throat and vocal organ specialist, all take their share of labor, and the doctor is left to his reasonable and proper field. Each one can perform his work in a better manner than could be done by the busy doctor, and the people are better served.

The traveling or resident quack is the greatest clog of the profession to-day of any one thing. He vaunts his ability to do, and while failing to accomplish a tenth of what he promises, he constantly berates the doctors. He receives money from your poor patient that has never had a penny for you at any time. The quack and charlatan in medicine are American institutions, and should by rigid law be abolished. Laws to "regulate the practice of medicine" should act equally upon all, regardless of how long they had been engaged in "practice." When every reputable physician in the land closes his door to students who have not had the proper preliminary education, and every college in the nation is made to adopt the rules and regulations required by the associated colleges, then, and not until then, will the physicians of America enter upon the high road of progress, and the elevated standard of medicine will be realized. Then will we cease to see in the cheap medical journals the screeds of ignorant or careless observers detailing treatment of a certain disease, when the only evidence of its existence was in the head-lines. Then our sensibilities will not be daily shocked by flaming advertisements in which occur such sentences as the following, or worse: "The microbes enter through the *limfatics* and then seek the diseased locality." Yet let one of these mountebanks, accompanied by a banjo picker, a couple of negroes and a disreputable woman, parade your streets with music and a loud harangue, and see how soon men and women

will throng about him like buzzards about a carcass, all anxious to be in at the opening.

In no department of the healing art is the rapid progress of the present age more apparent than in that of therapeutics. A few years ago and a bottle of medicine prepared from a doctor's prescription was sure to be a horrible-looking, bitter or very unpleasant dose to take, and many a patient's stomach revolted at the dose that was to cure disease. Physicians have become, as a rule, more careful about their prescriptions, and the great advance in pharmacy has enabled all to formulate prescriptions that will be elegant as well as efficient. The influence of the mind over certain conditions is positive. There is no Christian Science in this. The popularity of homeopathy has largely arisen from the pleasant character of medicines given, and from them many of us have learned the importance of prescribing palatable remedies. In addition to the work done by the pharmacist in the line above indicated, they have brought out numerous new remedies that are pleasant and equally effective with the old-time remedies. Take the coal tar group as a type of the advance of a few years. It is probably a little soon to pass positive sentence on the gold treatment of drunkenness. And thus might be enumerated many more valuable agents and new theories evolved by the fertile brain of the therapeutist.

Aside from college instruction and text-books, medical journals and medical societies are the most active agents of medical progress. As we issue forth from our alma mater, our minds aglow with newly-conceived ideas, anxious for the earnest conflict of professional life, the first thing we desire, in addition to our college attainments, to fit us for this long-desired life, is experience; and in no way can we come so near actual personal experience as by reading first class practical journals. If writers for the journals would remember two things it would enhance the value of medical journals: First, not to report a case or the use and value of a new agent until fully satisfied with results; then to report all cases treated, with success and failure. Second, to be clear and definite in diagnosis, waiting long enough to be sure, and not report and have no case, for the reader is forced to either accept statements as given or disbelieve the premise—the diagnosis. If physicians would carefully note the progress and all the facts in their difficult cases, with treatment and results, and report those which to them seemed intricate and unsatisfactory, or otherwise, then editors could select the most meritorious and give us, in brief, if not in detail, much that would aid in the daily labors of professional life. But time will accomplish all these things.

But of all the agencies that tend to hasten the glad era of universal knowledge, there is none that is accomplishing so much, and is so progressive in character as the medical society. And Kansas, for her years, can stand up with the best. She can show as able a state society as any state in the union, of equal members and age. Her leading medical men are ornaments to the profession and an honor to the state.

More real solid work is performed in our state society than in many of the societies of older states. They are progressive—not content with moving in ruts and being guided by range lights established a hundred years ago. And besides the Kansas State Medical Society, we have a number of district societies, all flourishing and doing good work in the advancement of medical knowledge and fraternal feeling. In many of the older counties, county societies are maintained, and these are having their influence in diffusing knowledge and cementing physicians into a kindlier, more generous brotherhood. But for the most actual work and thought, for the greatest good to the greatest number, and as being foremost in every advance work in the great state of Kansas, and for the warmest fraternity and kindliest feeling, I point with pride to the South Kansas Medical Society. And when those who now are or have been prominent workers for the best interests of this society shall have made their last visit and written their last prescription, and in the fullness of years are gathered to the fathers, and those who remain shall gather to talk of the de-

parted ones, may they strive to emulate their virtues, excel their record in science, and avoid their frailties and failings. And may they honor them for the possession of the former, and throw the broad mantle of a physician's charity over the latter.

As the last year has been a pleasant one to us as a society, may the coming years be better and brighter. May we aim high and obtain the reward of work well done.

Expert Witness Fees.

BY H. A. BAILEY, ATTORNEY-AT-LAW,
Argentine, Kansas.

I have had it in mind to write you on the subject of "expert witness," as set forth by Dr. Cazier in his paper in the MEDICAL JOURNAL, for some time. Dr. Cazier's "ideal standard" is all right, except as to his retainer being the state. On that point I am not so sure. As that seems to be the main point of the discussion, let us look at it a little.

I certainly should not object to the fees being paid by the state, on the ground that the judges were not to be trusted, as Mr. Gleed puts it. His remarks on that point seem to me to be as unjust as uncalled for. Imperfect as our judicial system may be, my experience has not made me so skeptical as to think our judges so depraved as not to be trusted with the few dollars that might be expended in that manner. We certainly have to trust them to a far greater extent than that in almost every case that is tried before them.

If in settling the accounts of some defunct business concern, I should find a more complicated set of books than I knew how to handle, I should call in an expert accountant and have him investigate and report, and should expect to pay him his fee. If, afterwards, it should become necessary to show these facts which he so reported in court, I should expect him to obey a subpœna and give his testimony the same as any other witness. If a link in a chain of evidence depended upon the answer to some nice question in chemistry or any other science, I should go to some expert in that science and get his professional opinion, and should expect to pay him his fee. If it should be necessary to show this in court, I should expect him to obey a subpœna and give his testimony as any other witness. And as the weight of his evidence would depend upon his standing and reputation, both as an expert and as a man, I should certainly take such a one for my advisor as stood best in both ways. Should a point arise in a case in which the court or jury should want light, such an expert might be called as the contending parties and the court could agree upon, and his testimony taken and fees taxed as other costs in the case, and at such reasonable figure as should be fixed by the court, in the same manner as an attorney is in many cases allowed a reasonable fee to be fixed by the court and taxed as costs in the case.

But to the inherent right or power of the court to summon any man to add what he may to the light required, I think there can be no question. For instance: I received the other day a notice from the city that my property had been taxed $5.85 for a sewer. Now, this sewer is in a part of the city where it could by no conceivable possibility do my property one cent's worth of good; why, then, should I be deprived of my money for that which can do me no good and for which I get no compensation? Simply because my property is in a certain sewer district, and all the property in that district has to help pay for the benefits derived from the sewers in that district, and although there is no direct benefit to my property from that sewer, yet in a general way it is a benefit to me to have the city drained and kept clean and wholesome. So there may be no direct benefit to the physician to give testimony in a certain case, yet if it adds, be it ever so little, to the furtherance of justice, he derives his benefit from the general good. Human justice is imperfect at best, and its machinery crude, and it is the duty of every man to do what he can, as opportunity offers, towards perfecting it. If the public weal demands, the state has the right to place

you in the front rank of the battle and deprive you of life, perhaps, for the good of the public. The courts are but instruments of the states, and if the state needs a little of your scientific knowledge for the good of the public, has she not the right to take it? It is this very machinery that protects us in the free enjoyment of our rights of personal security, rights of personal liberty, and rights of private property.

So, with Mr. Gleed, I should say by all means obey the summons, whether from the back-woods or from the capitol, for it is the call of the state.

It seems to me that the doctor takes quite a tumble from the high plane on which he starts.

Let us read his "ideal standard" by the light of his subsequent remarks.

The expert witness: "His mind's eye should be set upon truth," (with the other eye looking after the fee,) "and a higher plane should he occupy than counsel;" (yes, higher than the court itself, yet not too high to reach that fee.) "He must be strictly non-partisan; justice and truth must be his client," (but they must not come empty-handed,) "and his retainer the state," (with a big, fat retaining fee.)

Isn't that about the size of his argument? Isn't he rather trying to serve two masters?

As to the distinction between facts and opinions, undoubtedly there is a distinction as he says, but what does it signify? If any one can testify to the facts as to how the man died, no opinions, however learned, would be received in evidence. But in the absence of knowledge of the actual facts, the expert's opinion as to whether the man, having swallowed a lot of chemicals which of themselves are not poisonous, died from the effects of a poison formed in his stomach by the chemicals after he had swallowed them, or whether he was scared to death by the fear that they might poison him, or form an explosive compound that would blow him up, might be received. But the evidence of the opinion is secondary to the evidence of the fact, and if the state has an undisputed right to demand the best evidence, has it not the right to demand the secondary evidence in the absence of the best? Dr. Cazier calls for law on the subject.

It is the fundamental principle of the law of our civil rights and liberties that our natural rights must be restricted by the demands of society. "Civil liberty, which is that of a member of society, is no other than natural liberty so far restrained by human laws (and no farther) as is necessary and expedient for the general advantage of the public."

If Dr. Cazier will go back to his Blackstone and read chapter 1, book 1, vol. 1, I think he will find all the law that is needed as to the rights of the state to demand such services from individuals as the public good may demand.

Cyst of Peritoneum, Resulting from Impacted Gall Stones—Autopsy.

Read before the Republican Valley Medical Society, October 1, 1891.

BY

J. H. McCASEY, M.D., Concordia, Kansas.

R. S., aged fifty years; occupation, house maid; cooking at hotel. Taught school six years in Iowa. Had usual infantile diseases. Had ague in Illinois off and on from age two to eight years. Had an attack of jaundice at age seven years, and was afflicted with jaundice by spells for the succeeding five years. Had typhoid fever at age sixteen years; fever lasted three weeks. As long as she can remember, has had pain over right epigastrium so that she could scarcely drag her right foot. Did not complain about kidneys. Weight, 171 pounds. She always vomited very easily, and especially when any unsuitable diet was taken. Immense distension of abdomen since her recovery from typhoid fever. In Jewell county she walked a great deal on the farm plowing, and taking care of stock. Sat up with her sick father. In June, 1890, I examined patient and found temperature 103, pulse 106, tympanitic abdomen extremely tender. I then diagnosed peritonitis, and said there was a suspicion of abdominal tremor, but owing to tenderness I did not and could not

push the examination very far. Patient recovered without any further visits, but was confined to bed for about three weeks.

On June 26, 1891, I was called to visit patient. Temperature 102, pulse increased in frequency. Suffering greatly from severe dragging pain about the region of the liver and abdomen, which she claimed was occasioned by picking plums. Vomiting of bilious matter. Abdomen was distended as usual, and there was a perceptible bulging and flatness on percussion just below the liver. I said there was likely a cystic tumor there, and that I would come back again in a few days and bring an aspirator and tap the tumor and find out what it was. June 1, Mr. Coffey and myself used the aspirator and drew off about two quarts of blackish heavy fluid. About July 17 Dr. Sawhill and myself used the aspirator and drew off three-fourths of a bucketful of the same kind of fluid mingled with pus. About a week later I used the aspirator again, but did not get anything this time. On August 11, I used aspirator again and drew off three-fourths of a bucketful of pus. August 16, I used trocar and canula, and left in canal for five days; pus drained off. She died Aug. 27.

Autopsy twelve hours after death. It being Saturday noon, and eight miles in the country, I did not ask many of the physicians to be present. Mr. Coffey, Dr. Sawhill and myself made the autopsy. On opening the abdominal cavity in the mesial line, peritoneum was blackened and adherent, left lobe of liver was blackened, under surface of right lobe of liver was undergoing a process of decay. Gall bladder was of medium size and filled with gall stones—seven or eight in number; some of them the size of marbles. The small ones were in the duct; the liver was otherwise healthy. It showed some enlargement however. This tumor sac extended from liver downward; it was capable of holding nearly a bucketful. Its inner walls were calcified, as you can see. The sac had nearly ulcerated through in several places. We found it ruptured at the lower and back part, which evidently occurred nearly twenty-four hours prior to death, as she had a sinking spell then. Kidneys were both healthy; ovaries were healthy.

Dr. Seymour, of York state, reports a case of gall stones—laparotomy. Autopsy ten weeks later.

B. H., widow, age fifty-six. For a year prior to his first visit she had suffered a great deal of pain about the epigastrium. The pain which lasted for a few days to several weeks was generally accompanied by vomiting, and frequently attended or followed by jaundice of varying degree. She had taken various remedies from several physicians for gall stones without much benefit. Two months before this first visit she passed two gall stones the size of beech nuts; after-pain persisting for several weeks. Intense jaundice attended and followed on this attack; great emaciation and debility. At his first visit he found the skin and conjunctiva like burnished brass, vomiting frequent, pain constant, pulse weak—48, temperature 101, bowels constipated, and motions dry, white, and chalky, with offensive odor.

Diagnosis: Obstruction of gall passages either by inflammatory occlusion or impaction of calculus, with possibly a complication by malignant disease. On June 16, he made an exploratory incision with a view to establishing a fistula or crushing the concretions in sutu, both of which operations Mr. Tait has successfully performed. Incision five inches long from junction of right eighth rib downward, parallel to border of right rectus muscle. The hand was introduced into abdomen. The gall bladder lay under the upper end of the incision and was empty. The left lobe of the liver was soft. The right lobe was long, hard and a nodule continuous with its structure, and the size of a hen's egg, enveloped the cystic and hepatic ducts. Believing the obstruction was due to malignant disease, the abdomen was closed. The wound, after considerable suppuration, healed in two weeks after the operation. Death resulted fifty-three days after operation.

Autopsy eighteen hours after death: Over the fissure of the gall bladder there was a crescentic patch of cancerous matter. The gall bladder was empty. The hepatic duct

was found filled with gall stones the size of beech nuts. An ulcerative opening led from this into an abscess cavity one and one-half inches in diameter in the eighth lobe of the liver. In this cavity two stones were found. All the gall ducts of the right lobe were dilated, some to the extent of half an inch. The stones, twenty-six in number, weighed one-half ounce Troy. There was a cancerous mass involving the cystic and hepatic ducts. The stones were likely formed in the hepatic duct. He says it has been his fortune to have had quite a number of obstinate cases of gall stones, and is disheartened with the ordinary medical means for their relief. He thinks it is best to incise the gall bladder and remove the stones. The mortality of the operation in the hands of careful surgeons is low, as the results of Mr. Tait, its great advocate, and others will show.

Dr. Allen, of New York state, was called to see Prof. M., of the high school, who was suddenly seized with an excruciating pain in the gastro-umbilical region. The professor's mother had been subject to such attacks and had died during one of them. Professor said, with the exception of the old bilious attacks, which were relieved by vomiting, his average health was good, his age forty-two years, weight 220 pounds. When Dr. Allen saw him he gave professor a diagnosis of bilious colic and gave him one-half grain morphine sulphate hypodermically, which gave relief in twenty minutes. Gave large enema and applied fomentations to abdomen. He was able to sit up in two weeks, and read the newspapers. He was suddenly seized one night with violent vomiting, which continued, despite treatment, for two weeks. His distressing hiccough was temporarily controlled by tobacco smoking. After the elapse of about six weeks of this condition, I discovered an enlargement the size of a man's fist occupying the umbilical region. Painful. The patient's brother, a physician and Dr. Burbeck, of Troy, N. Y., Dr. Van DeVeer, of Albany, pronounced the mass carcinomatous, and maintained that there was also carcinoma of the stomach. His illness of two months terminated in death.

Autopsy twenty-four hours after death: No cancer of stomach. The liver was enlarged and adhered to the right side. There was a number of abscesses in the liver. The gall bladder contained a number of calculi of various sizes. Upon the surface of the liver there was a large sac of serum.

Under the title of advances in the surgery of the gall bladder, Dr. Hirschberg, after detailing a case in which a stone was removed from the gall bladder leaving a fistula which subsequently healed, comes to the conclusion: First, operative interference with the gall bladder may be indicated in severe cholelithiasis which has resisted medical treatment; second, in retention swellings of the gall bladder, arising from closure of the cystic duct by a stone; third, when life is endangered by the retention of bile through the prolonged occlusion of the ductus choledochus, the danger may be averted by the establishment of a fistula from the gall bladder through the abdominal wall. The escape of bile, even when continued for a year, does not materially affect the health.

Sendler reports a case in which after cholecystotomy and removal of numerous stones, death occurred and autopsy revealed dilatation of all the ducts down to their smallest branches, which were filled with inspissated bile and a multitude of fully-formed faceted stones the size of pea to cherry stones.

Helferich, January, 1888, says that in eleven cases where the gall bladder had been removed for some time the health of the victim continued good, seems to show that the gall bladder is a non-essential organ.

Dr. E. Kuster in 1887 reports two cases of operation upon the gall bladder, in both of which the wound was stitched and the viscus returned to the abdomen. In one there had been an ulcerative perforation secondary to stone, and escape of bile. The patient died. In the second case there was found in conjunction with stones in the gall bladder and cystic duct an enormous distortion with a clear viscus fluid. This case recovered.

Mr. Thornton reports (*British Medical Journal*, November, 1887,) two successful cases of cholecystotomy, in which there were impacted stones in the common duct. In one,

the wound in the gall bladder was sutured, and the viscus dropped into the peritoneum in the other. It was drained through the abdominal wall. He thinks that if experience shows that the removal of the gall bladder is nearly as safe as opening it and extracting the stones, he thinks it better to remove it and avoid future trouble.

Mr. J. W. Taylor reports (*British Medical Journal*, January 21, 1888,) a case of gall stone impacted in the cystic duct so firmly that it could not be dislodged or broken up. The opening in the gall bladder was sewed to the edges of the abdominal wound, and a large rubber drainage tube put in place. The wound and the gall bladder were syringed out with warm water night and morning. Sixteen days later the stone was seized with Lister's sinus forceps, broken easily, and removed through the wound which then healed promptly.

Prof. Osler based his diagnosis in a case upon a history of intermittent hepatic pyrexia, jaundice, abdominal enlargement in the region of the gall bladder, and operated, but could not find gall stone. Patient died on the following day. Autopsy revealed a small stone at the extreme orifice of the common duct. In any case this stone could not have been reached or dislodged, except by crushing it with padded forceps.

Loomis says: "Place fomentations over liver or put patient into hot bath; let patient inhale chloroform or ether. Restrict the diet. Wines or fats should be prohibited. Since sedentary habits predispose to gall stones, let the patient change mode of life and seek out-door exercise and employment."

ETHER, CHLOROFORM, TURPENTINE, AND CHLORAL.

Flint endorses what has been said, and in addition advises alkaline carbonates, chloroform ℥i *ter in die*. Bartholow uses soda phosphate ℥i *ter in die*. Alonzo Clark considers baking soda an effective remedy. Olive oil causes the discharge of small hard bodies supposed to be biliary calculi in concrete fatty matter, but it is soft and can be cut with a knife, like wax. When a person passes a faceted calculi it indicates that it has been lodged against other hard calculi. Some of the Topeka doctors (Dr. Stewart for one) inject chloroform directly into the gall bladder, and effect solution easily and speedily thereby. I used chloroform; it dissolved stone in one hour.

Dr. J. Touatre, of New Orleans, cured himself of gall stones, using the following treatment: Blue pill, grains i i ss, was taken at 7 P. M. In the morning he took twelve tablespoonfuls of olive oil. He repeated this dose of oil in fifteen minutes. He rested on his right side. At 9 A. M. the pill produced a copious bilious evacuation, but no gall stones were passed. At 3 P. M. another bilious evacuation took place, but no stones were passed yet; but from 7 to 12 P. M. seventeen calculi, the size of a pea, conical-shape, grayish-yellow, and of soft constituency, were passed. A few hours later, forty-three stones came away, making a total of sixty. There was no pain in the passage of all these stones. The liver also diminished in size. Three months later the olive oil was repeated, and eighteen more calculi were discharged. You will notice that in the report of this case there was no pain in connection with the passage of the stones, which, to my mind, is a very essential accompaniment to the passage of gall stones. You will also notice that when he administered olive oil in large doses he was able to pass a great number of so-called gall stones. I am of the belief that there were no gall stones passed in this case, and that what appeared to be gall stones were balls formed by the olive oil. In support of this I cite the views of Dr. Hishkin, of Moscow, who claims that olive oil has no effect on biliary calculi. In three cases he administered olive oil in large doses, but the patients did not inprove. That what they passed would ordinarily be called gall stones, but the stones, on examination, proved not to be gall stones at all, as they contained no cholesterin, but consisted of oleic, palmitic and margoric acids, with lime soap, and were evidently produced in the bowel by the olive oil. You will notice that Flint speaks in support of this view. With regard to the cyst of the peritoneum, the reference hand-book says it is

of so rare occurrence as not to claim mention in a work of that kind. Flint, Loomis and all of the text-books do not mention the case at all, but refer to serous peritonitis, which most nearly resembles this case. But in this case we have a tumor sac, and from the history of the case it would appear to have been in existence for about twelve years. The inner walls of the sac had time to become calcified. I think all this establishes the diagnosis of cyst of the peritoneum, and not chronic serous peritonitis, as some may contend it was. It was badly decayed and difficult to find its probable starting point. But it seems probable to me that the gall stones, or, rather, hepatic colic, set up a circumscribed peritonitis which acted as a nucleus for the formation of the simple cyst of the peritoneum. Catarrh of the bile duct or inflammation of gall bladder may often precede the formation of gall stones and the mucus excreted serve as a nucleus for a gall stone. An excess of the salts of lime or of bile-pigment, or retention of bile, may be exciting cause.

In a case of jaundice, resulting from catarrh of bile duct or biliary colic, which was sent from here to N. S. Davis, of Chicago, he prescribed—

℞

Hydrarg Cor. Chlor..grs. 1-16 per d.
Potassi Chloridi.....grs. ii per dose.
Tr. Cinchonæ.....ʒ v
Tr. Hyoscyami.....ʒ iii

Drachm four times a day.

Recovery soon followed.

In the treatment of my cases soda phosphate stands pre-eminently first, supplemented by treatment on general principles. Relax the system by chloroform, ether, morphine, atropia, powders of calomel and ammonium chloride. Baking soda for liver and biliousness. I get the stones to pass; then I order a pound of soda phosphate, and then I direct the patient to take a heaping teaspoonful three to four times a day in water.

I have used olive oil in the treatment of gall stones, but never could discover any benefit from its use.

Alimentation and Artificial Foods.

Read before the Kansas Medical Society at Wichita, Kansas, May 15, 1891,

BY

F. C. HERR, M.D.

Prior to the time that physiologists came to regard life processes as an even balance between constructive and destructive metamorphosis in the tissues—the blood included—the problem of scientific feeding did not seriously enter into the subject-matter of the physician's thought. The inspiration of the practitioner then was the empiricism of the past, and to deplete our exsanguinated system, to rouse into activity a torpid liver, to lull pain and soothe disquiet with strong opiates, fulfilled the indications of scientific therapeusis. But the evolution of a great science has changed all this; the tyranny which that opinion exercised over the professional mind was abolished by the genius of a man whom we all honor in our daily professional life. I refer to Dr. Robert Graves. He made the world his debtor when he said to his pupils: "If you are at a loss for an epitaph to inscribe on my tomb, you may use these words—'He Fed Fevers.'" It is well sometimes to go back and look over the work of the masters, to impress more firmly upon the mind those great principles of our science which constitute the cornerstone of rational and scientific medicine. Dr. Graves saw, in advance of other men, the disasters of protracted abstinence, and in language strong and eloquent he urged systematic feeding as the sheet-anchor of the physician's hope in exhausting diseases.

I quote one brief passage from the work of Dr. Graves:

"Now, in a person laboring under the effects of fever and protracted abstinence, when sensibilities are blunted and where functions are deranged, it is not at all improbable that such a person, perhaps also suffering from delirium and stupor, will not call for food, though requiring it; and that if you do not press it on him and give it as

a medicine, symptoms like those which arise from starvation in the healthy subject may supervene, and you may have gastro-enteric inflammation or cerebral disease as the consequence of protracted abstinence.

"You may perhaps think it unnecessary to give food as the patient appears to have no appetite and does not care for it. You might as well allow the urine to accumulate in the bladder because the patient feels no desire to pass it. You are called on to interfere when the sensibility is impaired and the natural appetite is dormant, and you are not to permit your patient to encounter the horrible consequences of inanition because he does not ask for nutriment."

What a splendid plea for enforced feeding! It has proved an inspiration to medical teachers, and has filled with new hope and endowed with new resources the medical practitioner.

The dynamic forces of life are preserved through the maintenance of effective nutrition. It is an axiom of physiology that not what we eat, but what we digest and assimilate, conduces to the upbuilding of the body and the support of life. "From the food the blood is fed; from the blood the tissues are fed." A simple proposition is this, but it embodies a vast deal of medical philosophy. Roughly stated, it might be said that the order of sequence in the construction of a vigorous body is: Good food, good blood, good tissues.

The progress of knowledge has disclosed this vital truth in relation to organic functions, namely, diseased action is not exalted vital force, and the paramount indication in all forms of disorder is the maintenance of the highest possible degree of healthful nutritive activity. To fail to take cognizance of this is to abandon the most potential lever that science furnishes for the successful combating of disease.

As that ensemble of physiological phenomena which we call life is the resultant of chemico-vital changes in the food, and primarily it follows as a corollary that too great care cannot be exercised in the selection of nutriment. In it are the potentialities of life; in it may lie concealed, in unassimilable elements, the possibilities of gradual but inevitable decay. Dr. Lauder Brunton affirms that the malproducts of nutrition are positive depressant poisons. Physiological experiment confirms this, and the observations of the clinician give equal strength to the statement. Lives have been sacrificed to ignorant and injudicious feeding, and the administration of drugs often does not so much tax the skill and knowledge of the physician as the administration of food.

Here I am confronted with the very practical question of specific form and variety of food. And I may premise what may follow with the statement that a variety of elements enter the inter-question of suitable food. First, the quantity of food as to purity and freedom from adulterations; second, its nutritive value; third, its digestibility; fourth, its palatability. Looking carefully over this order of arrangement in the essential qualities of suitable food, I am reminded that palatability is an element of such vast importance that it should perhaps be given in the first place in order. The therapeutist has indicated the necessity for good foods, and the chemist's art has placed at his disposal one after another of such vaunted nutrients, and still the question confronts us: Has science furnished us with a food that will meet the indications for nutriment in a wide range of morbid states—a reliable food—easy of digestion, readily assimilable, agreeable to the taste, and with all such efficient in nutritive material?

The dietetics of the sick room, like all things else, change. It is within the memory of men young in the profession, when beef tea and beef essence, in the minds of the laity, possessed more importance than the physician with all his resources. And a prejudice still lingers with many people and with some physicians in favor of these once much-used and much-esteemed aliments. But the educated physician sees in them little more than the merits of a placebo, and the consensus of enlightened judgment is in favor of forms of artificial food that have been shown by analysis to possess in large degree and in readily-assimilable form all the constituent elements of the human body.

The busy life of the average practitioner does not afford time or opportunity for the investigation of these special subjects, and in the belief that the ends of scientific medicine will be thereby subserved, I desire to submit to your consideration some facts which I have collated respecting the comparative merits of a variety of artificial foods. In doing this, I desire to emphasize one obvious truth, namely, that all artificial foods are made with the paramount design to sell.

And it is the hope of their manufacturers that the medical profession will find in them enough of merit to justify their endorsement. The interest of the physician lies in restoring health to the sick and afflicted; the interest of the manufacturing chemist lies in creating a market for his products, whether they be good, bad, or indifferent.

I have an abiding conviction that the highest interests of our patients are often sacrificed to a credulity which compromises our best judgment in these matters. The best medicine is not a whit too good for our poorest patient, and only the best food should receive our endorsement. It is furthermore incumbent upon us as educated men, charged with grave responsibilities, to know that what we do use is the best obtainable.

But what is the best? In regard to the matter of foods, I have secured the analysis of nine varieties or brands of artificial food—the Mosquera's Beef-Meal, Armour's Extract of Beef, Liebig's Extract of Beef, Beef Peptonoids, Wyeth's Beef Juice, Valentine's Meat Juice, Cibil's Fluid Extract of Beef, Bush's Bovinine, and Murdock's Liquid Food. These foods comprise the best known and most favored preparations upon the market. They are all candidates for our support. They come to us highly lauded—all of them—by their manufacturers. Some are good, some indifferent, some worthless. Some will render great service in time of dire need; others, with much of promise and more of parade, will be found barren of life-giving qualities.

The mal-products of nutrition, as Dr. Brunton observes, are depressant poisons. Urea, whether elaborated within or without the system, is a physiological poison. The same is true of creatin.

Brand.	Moisture.	Fat.	Mineral Matter.	Phosphoric Acid.	Total Nitrogen.	Total Proteid or Albuminous Matter.	Peptone.	Contents (weight) of Each Package.	Retail Price.	Comparative Value, Based on Total Albuminous Matter.	Equivalent of Each Package in Raw Beef, Based on Total Albuminous Matter.
	Per Ct.	Per Ct.	Per Ct.	Per Ct.	Per Ct.	Per Ct.	Per Ct.				Av. Ozs.
Mosquera's Beef Meal.	8 81	10 45	4 02	1 67	12 5	87 12	27 17	8 av. ozs.	$0 50	$0 50	32
Armour's Ext. of Beef.	24 9	Trace	22 5	6 82	9 24	57 74	None	2 av. ozs.	0 50	0 0925	6
Liebig's Ext. of Beef....	21 4	Trace	22 5	6 36	9 18	57 37	None	2 av. ozs.	0 50	0 0925	6
Beef Peptonoids.....	10 0	3 7	4 6	1 7	3 85	24 06	Trace	6 av. ozs.	1 00	0 0115	7 5
Wyeth's Beef Juice.....	51 4	None	19 25	2 38	4 48	28 00	None	1 75 fld. ozs.	1 00	0 05	2 5
Valentine's Meat Juice	60 8	None	7 5	3 18	3 41	21 31	0 51	1 75 fld. ozs.	1 00	0 035	2
Cibil's Fld. Ext. of Beef,	57 2	None	20 25	3 68	3 64	22 75	Trace	2 75 fld. ozs.	0 60	0 0475	3 25
Bush's Bovinine.....	83 1	None	0 8	Trace	2 4	15 00	None	5 75 fld. ozs.	0 60	0 075	4 5
Murdock's Liq. Food....	84 6	None	0 5	Trace	2 13	13 31	None	5 fld. ozs.	0 55	0 0525	3 5

A reference to the attached table will show that Liebig's Extract of Beef and Armour's Extract of Beef contain nine and a fraction per cent. of nitrogen—a very fair percentage. But it would be an error to accept this as representing the actual percentage of available nitrogen in these products. In the Liebig process of manufacture, the meat is simply treated with either cold or warm water, and the extracted matters contained in the resulting solution subjected to evaporation, leaving a paste containing all the soluble constituents of the meat, without any, or very little, of the proteid matter. The percentage of nitrogen designated in the table

is therefore misleading, as it exists in the form of urea and creatin largely. The Armour's Extract of Beef is prepared in the same way, and contains the same effete nitrogenized constituents. Dr. Fothergill has cast deserved imputation upon this class of foods, by declaring that they do not possess much more nutritive value than concentrated urine. But in addition to the unavailable nitrogen, these extracts contain a large percentage of moisture and mineral matter, and are devoid of fat and peptones.

The Beef Peptonoids are shown by analysis to be a most inferior food. They have always stood in favor with the profession. The souave emissaries who so generously enlighten us upon these matters always assure us that Beef Peptonoids represent five times their weight of nutritive value in beef and milk. The table shows that it is free from peptone; hence its albumen, from whatever source it is derived, is in a crude condition, and has never been subjected to a peptonizing process.

In the percentage of proteid matter Beef Peptonoids compare unfavorably with other preparations of the list, while more than fifty per cent. of the preparation is soluble in water, and resembles dextrin, plainly indicating that the starch has been largely converted—no matter from what source derived, but probably by cooking ordinary wheat flour. Beef Peptonoids are inferior in nutritive value to the foods made after the Baron Liebig process.

I do not feel that much could be gained by elaborating upon the individual articles named in the table. It indicates at a glance the comparative nutritive value of these foods. But I cannot dismiss the subject without a reference to powdered beef, and Mosquera's Beef Meal and Beef Cacao. You are quite well aware that powdered beef is simply the residue left after extracting the meat and water.

In the manufacture of Liebig's Extract a vast quantity of material accumulates, and the profitable disposition of this has led to the production of powdered beef. This preparation has the endorsement of some eminent therapeutists, among them Dujardin-Beaumetz, and in reality it is a concentrated food, differing from beef, which contains seventy-five per cent. of moisture, it containing none, while at the same time it is free from the inorganic salts which are so essential in the digestive process. It is just as much of a tax upon the digestive functions as pure beef, and all things considered, it is less desirable as a food, especially in conditions of enfeebled and disordered digestion.

Mosquera's Beef Meal and Beef Cacao are among the newer candidates for professional favor. They have already the endorsement of reliable and competent observers. Prof. Chittenden, of Yale College, has made a careful analysis of Beef Meal, and he estimates its nutritive value at least six times its weight in lean beef.

Dr. Martin, chemist of the health board in New York, as also Dr. Justus Wolfe, of the same city, estimates it to be ten times as nutritious as the natural meat. Prof. John Attfield, London, England, testifies that a personal examination made by him of Beef Meal shows that it is superior to any preparation to which his attention has been called.

Here let me remark that Beef Meal is not a ready prepared food. It is entirely wanting in flavor and seasoning. These you must supply just as you would in the case of beefsteak. Your mastery of the cuisine will determine in a large degree the measure of utility in this food, as it is not contraindicated in any condition of morbidity—it is equally applicable in simple indigestion and in typhoid fever. The mode of preparation of this food is opposed to the Baron Liebig process, which assumes that the extracted and soluble principles represent the nutritive wealth of the beef. The fact is that the nutritive value of these extracts has never been established until now, and their clinical worth has been wholly a matter of assumption.

When the residue, left after extraction by the Liebig process, is subjected to the action of pepsin and pancreatin, it is dissolved and converted into peptone—thus showing that nature meant it for a food, and that it is in reality the nutritive portion of beef.

In the preparation of Beef Meal nothing

is taken from the beef but water, and nothing is added to it except a small percentage of extractive matter contained in the juice of the plant used in peptonization of the albuminous constituents of the meat.

As in most forms of sickness the balance between waste and repair is lost, the consumption of tissue accelerated and emaciation with prostration ensues, it becomes imperative to supply the economy with such food as will repair the waste, give strength to the enfeebled tissues, and furnish fuel for the consuming fire. I do not know of any food that will do this in the same measure that Mosquera's Beef Meal will. The comparative value of this food is shown in the table.

My attention was called to the Mosquera foods early in the history of their introduction, and I have faithfully tried them in a variety of disorders—always with good results—sometimes with surprising ones. I have no hesitation in affirming that as a food and a medicine in all forms of dyspeptic derangement Beef Cacao has no equal. Not that it will speedily and certainly restore to health every subject of these disorders, but that it will, in the majority of cases, afford relief, and in a large percentage effect a cure.

If after your accustomed morning meal you go to your labor with a feeling of languor and apathy; if you feel as the dyspeptic usually does—born down by an invisible load of something—just mix with a cup of hot milk one tablespoonful of Beef Cacao for your breakfast meal, and you will go to your daily task with a clear head and a light heart.

A great multitude of slight ailments are directly traceable to enfeebled digestion and impaired assimilation. The pathogenic condition here is subnormal nutrition—the result of excessive indigestion of coarse and non-assimilable food. Here Beef Meal, alternated with Beef Cacao, will soon change the complexion of things. I cannot stop to consider or indicate these special conditions; they are legion; but Dr. Lionel S. Beale, in his "Slight Ailments," has passed them all in review, and had he known then that the plodding scientist would soon place at our disposal such foods as these he would have urged their use.

You are well aware that nutriment may be furnished to the body, and life sustained, without the use of the digestive organs proper. The mode of alimentation by enemata, since the introduction of Beef Meal, has grown to be a most satisfactory method indeed. The Mosquera foods are so thoroughly adapted to every purpose of easy assimilation that nutrition is accomplished by absorption, as distinguished from digestion, with surprising facility.

I am well aware that the employment of nitrogenized food in febrile diseases is hardly in consonance with the orthodox practice. But we are not obligated to orthodoxy. Besides, the latest scientific and clinical researches refute the theory that animal foods are contra-indicated in febrile states. The excretion of nitrogenous products is much increased in all forms of pyrexia, and reasoning *a priori*, the conclusion would be inevitable that a nitrogenous metabolism is already excessive it would be injudicious to introduce into the system yet more nitrogen. But the experiments of Immerman, confirmed later by Bauer and Kunstle, entirely subvert this theory and expose the fallacy of such reasoning. These investigators have shown that in typhoid fever albuminous food is beneficial, not because it diminishes the excretion of nitrogen, but because it supplies this element to the fevered tissues, and "nitrogenous foods alone are capable of being converted into the albumen and fibrin of the blood, and thus assimilated by the tissues."

In all forms, therefore, of protracted pyrexia, Mosquera's foods are invaluable. Small quantities of Beef Meal frequently administered will supply to the economy a large percentage of tissue-forming elements, and it will be demonstrated in the near future that not only must fevers be fed, but the food supplied must be of the character here indicated in order to achieve the best results. Let not the bias of early teaching stand in the way of accepting new doctrine. If men always conformed to precedent and experi-

ence the march of progress would be slow indeed.

In the manifold forms of bowel derangement, so common in miasmatic regions, these foods will be found available. In actual dysentery I have employed them with excellent results. Being largely predigested and easy of assimilation, they are not contra-indicated in any condition. Only one exaction do they make of the physician, namely, that they shall be seasoned to be made acceptable to the patient. The same is true of almost every other food, and while this labor and skill is being expended, it is as well to expend it upon foods of superior merit. In current medical lilerature I see reports of cases of pulmonary consumption treated by Profs. Gibbs and Shurly with iodine and gold and sodium chloride hypodermatically, and chlorine gas locally, with reliance upon Mosquera's foods for adequate nutriment. Whatever influence any system of medication may have upon the pathology of tubercle, all will admit that the profound disturbance in the nutritive processes in this disease appeals to our knowledge and skill for prompt and efficient relief. And to-day, if I were placed in charge of consumptive patients exclusively, and given my choice between drugs and foods as exclusive agents in their management, I would say give me the foods.

What are the diatheses and cachexia that haunt the doctor's mind? What do they require at our hands for their eradication? Medicine? I imagine not. More of sunlight, more of fresh air, more of judicious exercise, and, greater than all, *more of good food* is the *sine qua non* of substantial amendment in them. So the good results obtained by Prof. Gibbs and Shurly might perhaps with strict propriety be ascribed to the judicious use of good food.

After all, what is every disease but some modification of nutritive function; in its final analysis every morbid process is some derangement, slight or grave, in the upbuilding forces of the economy.

Dr. Frederick I. Knight before the Climatological Association at the 1890 session, said: "At present the usual preparation of food is so bad that after one has found out the class of nutriment a patient requires it is well-nigh impossible to secure it to him."

It is beyond question that these foods—Beef Meal and Beef Cacao—are the best artificial foods yet offered for use.

As the table shows only the composition of Beef Meal, it may be here remarked that Beef Cacao comprises equal parts of Beef Meal, sugar, and Dutch chocolate, so that it is about one-third the food value of Beef Meal.

In nursing women, Beef Cacao meets the indications of an ideal food.

In surgical practice, where the problem of dietetics is important, these foods must find a wide range of applicability.

In the multiform neurasthenic conditions of women they are highly serviceable where tissue waste exceeds repair, and where repugnance to food appears a constitutional quality.

The physician can choose from a multitude of drugs and foods that which he will use, but duty bids him to employ only those that *are* good—duty to the sick, suffering and confiding public.

Alcoholic Inebriety.

Read before the Topeka Academy of Medicine and Surgery

BY

W. S. LINDSAY, M.D.,

PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE KANSAS MEDICAL COLLEGE.

The effects of alcohol have been dilated upon by lecturers and writers till it would seem that we should know with accuracy the history of the voyage of the drug through the human system, including the influence it exerts over the tissues and its final exit. As a matter of fact only about sixteen per cent. is accounted for in any appreciable manner, the rest being "lost in action." We know that the cell metamorphosis is hindered by the use of alcohol; that the nutrition is impaired by excessive use of it, and as a result the function of the cell is lessened. Investigations reveal the fact that alcohol induces a distinct change in the contents of

the nerve cell. This is reasonably the retention of effete matter whose elimination is hindered. When we consider the functions of brain cells, especially of the anterior lobes of the cerebrum, the importance of perfect physiological conditions is manifest. We know that in the brain certain associations of cells called centers have control or inhibitory influence over many of the lower reflex functions, and there can be no doubt that they exist also in higher degree in the cerebrum, controlling the passions, instincts and appetites. Defects in this function mark the loss of self-control, and in so far as they exist constitute mental alienation. The clinical aspect of a case of chronic alcoholism presents the results of this defective inhibition in numerous ways. The energy or reserve force of the cells is exhausted or hindered till continued mental effort is greatly weakened.

Although alcohol in various forms has been used by man many generations, it has remained for the present generation to begin treatment in a systematic way for its abuse. In 1884 the New York Inebriate Asylum was opened under the direction of Dr. Valentine Mott and later continued by Dr. Willard Parker. The success of this the first institution of its kind has been great. Many other asylums or retreats have been opened, and much has been done to help those suffering from the evil effects of alcohol. As nearly as I can learn, fifty per cent. of such patients are counted restored. How many return to the drink habit is not definitely known. The great advantage so far in these institutions has been the quiet, the separation from alcohol for the time, till whatever inhibitory power remained in the brain could become active; the moral effect of the effort made in going to the institution, the influence of association with other sufferers from the same cause, and the relief from the cares and worry of business. Drugs have done little to establish a permanent cure of this malady.

Recently there has come to public notice a plan of treatment which has been in existence in a quiet way ten or twelve years, known as the Keeley bichloride of gold treatment. This treatment claims virtue from the effects of drugs principally, and yet the same elements that have been used before, so far as institution and association are concerned, are taken advantage of by this system of treatment, and of course play their part. I have conversed with several who have taken this course of medication, and I am impressed with several points that may be of interest. In the first place the treatment is mainly hypodermatic, and the full physiological effects of the drugs secured. Those I have talked with say they get first an injection which dilates the pupils to the extent that they can't read; that the mental powers generally are dulled; that co-ordination is lessened, and the throat so dried as to be painful. These you will recognize as the effects of atropine. Following this there is another hypodermic injection which opens the secretions to the fullest extent, the salivary glands and skin eliminating so freely as to indicate the physiological effects of pilocarpine. We have thus the conditions of the tissues carried from one extreme to the other, and naturally have great exhaustion. Next comes a hypodermic injection of an active tonic, probably strychnia, to restore as rapidly as possible the normal energy of the vital forces.

The peculiar effect of atropine becomes quite suggestive in this connection. We know that animals, in whom the higher brain centers are wanting, are affected very little by this drug. Herbivorous animals, rabbits and birds can take of the plant almost with impunity. The pupils of the latter not being dilated. The effect on children is less in proportion than other drugs. It is said to be a stimulant to the nerve centers and a depressant to the peripheral nerves.

To summarize the idea I wish to advance, I ask this question: Is it possible that in cases of alcoholic poisoning atrophia does so stimulate the inhibitory cell of the cerebrum that they eliminate the hinderance to their physiological function and thus restore the moral character as it was before the poisoning occurred?

SOCIETY PROCEEDINGS.

The Topeka Academy of Medicine and Surgery.

The society met in Lincoln Post hall, Tuesday, December 1, 1891. The meeting was called to order by the president, Dr. W. S. Lindsay.

There were present Drs. Longshore, Ward, Ida Barnes, Magee, R. E. McVey, Minney, Beers, Gibson, Mitchell, Sheldon, Cannon, Rodgers, Lindsay, Powell, Alexander, W. E. McVey, McGuire, Smith, Morgridge, Saxton, Warner, and medical students Gundry and Gilbert.

The first thing on the program was the annual address by the president, Dr. W. S. Lindsay; the subject of which was "Alcoholic Inebriety." (See page 456.)

In the discussion following, Dr. R. E. McVey asked how the doctor knew that alcohol retarded the cell function.

Dr. Minney said he was under the impression that alcohol prevented rapid destruction or metamorphosis, and he gave it to prevent waste. Noticed that recently the papers were beginning to question the efficacy of the Keeley cure. They claim now that there are a large per cent. of failures. From what he had seen he felt confident that atropine, pilocarpine and strychnine were the principal agents used. From the analyses that have been made chloride of gold is not used.

Dr. Mitchell asked Dr. Lindsay what he had learned in regard to the efficacy of the Keeley cure.

Dr. Ward said "A friend from Dwight told me she had seen 800 patients treated in about thirty minutes. I think their main point is to make them very sick and then make them drink whisky. Drinking while so nauseated simply makes them disgusted with whisky."

Dr. Stewart.—"Concerning the physiological or pathological action of alcohol, my opinion is that alcohol after entering the circulation precipitates albumen, forms a union with hæmoglobin, and oxidation goes on very slowly. Passing on through the circulation, its first effect is upon the higher centers, and the judgment or will center is to a degree paralyzed and the function of the cells inhibited. After taking alcohol till chronic alcoholism is reached, the will centers are affected. A pathological condition of these cells is established by which the person cannot exercise the will to let alcohol alone. Older societies, such as the Washingtonian, have done much by their moral effect to cure these cases. Cells are regenerated and rejuvenated if nature has a chance. Any plan which will give nature a chance is in the right direction. This is, I think, a disease, though its pathology is not yet defined. In the periodical drunkards there seems to be a period of repair, and then a relapse and an impulse which they are unable to resist. The atropine makes the throat so dry that a drink of whisky is absolutely painful. After trying for a day or so they no longer care for it. If it is true that alcohol prevents oxidation the system must be overcharged with waste material. The severe relaxation, with excessive perspiration and flow of saliva till they are so debilitated it seems they could not recover, then follows. Now they are rapidly built up by strychnia. This great debility, followed by the invigoration and hope, are in themselves stimuli to do better."

Dr. Beers.—"With reference to the Keeley cure, I have been till lately at a loss as to what interest medical men could have in it other than their common interest in humanity. I have been at a loss to know upon what scientific basis Dr. Keeley based his treatment. In a recent paper Dr. Keeley gives his reasons for working in the lines he has. It seems to be based upon what he has seen in the heredity of disease. He claims that those who succumb to these diseases have not yet reached the period of immunity which is acquired by a long line of heredity. He claims this is true of alcoholism. Savages or those who have no hereditary taste succumb more readily than the civilized races which have been subject to the hereditary influence of alcoholism. I cannot say that he follows this theory out in his

treatment. No remedy has yet been known to have anything like the effect he claims for the remedies he uses. It is hardly worth while to discuss the matter until he has made some public statement as to what his remedies are. I have not much confidence in his treatment. Time enough has not elapsed to give any positive results. Any of us can take the same class of patients, with the same amount of confidence, and if we can control them we can cure them. There must be sufficient change in their organization to strengthen their will power so they are able to resist."

Dr. Sheldon.—"Dr. Minney says there is no gold in this. If the doctor will examine Dr. Keeley's bank account he will find there is gold 'in it'—plenty of it."

Dr. Minney.—"I have read the article Dr. Beers speaks of. The statement that consumption in the parent is a prevention for the child is simply absurd. If a drunkard came under my care I should try the atropine and strychnia. I would like to ask Dr. Lindsay where habit ends and disease begins. Is there anything in the theory that the cells or tissues become habituated to alcohol so that it is their food? If the tissues form a habit of this kind then will this treatment break up this condition?"

Dr. Stewart.—"I want to refer to a chief point in the treatment—the diet. Plain food and everything that tends to increase nutrition is the key-note of the treatment."

Dr. Warner.—"I have talked with the wife of one of the Leavenworth patients. She gives the impression that they do not carry out the plan of diet as spoken of by Dr. Stewart. Outside of the treatment they are left alone."

Dr. Rodgers.—"I think the Keeley cure is what is popularly known as a 'fake.' We are a most gullible people and haven't the courage to denounce a thing we are sure is a money-making scheme. Dr. Keeley caught on to the idea from the Koch cure, and saw there was a chance for him to make a great strike. We don't know that there is a lasting effect to any of these remedies. We ought to sit down on all such things and say it is a fraud. I cannot accept a thing I cannot see a reason for."

Dr. Minney.—"We are not by our discussion encouraging the Keeley cure, but we want to study it. Fact, truth, no matter where it comes from, should not be cast aside. I should certainly try the strychnia and atropine if I had occasion."

Dr. Lindsay, in closing, said: "I have had a knowledge of the institution at Dwight for twelve years, and I know the institution there began in a small way. It has gradually grown, not as Dr. Rodgers suggests, but it has developed from his own investigation. I don't approve of it entirely, but I think he deserves credit for what he has done. People at Dwight are well satisfied and have confidence in it. It cannot be classed as one of the money-making schemes which has sprung up in a year.

"Whatever we do in obeisance to the guidance of the brain cells depends upon the physiological perfection of these cells. We do not expect the same degree of perfection in all and so we have many shades of character and morality. Just where habit ends and insanity begins we do not know.

"I have not read the paper Dr. Beers referred to, and did not know he had done anything in the way of a scientific discussion of the matter. As far as efficacy is concerned, I can only say that I have learned from people at Dwight that they are universally satisfied. I do not know whether gold is used or not. Cannot say from my own knowledge that alcohol hinders tissue metamorphosis, but have always been taught so. I do know that it prevents loss of body weight."

Dr. Rodgers.—"I want to say that this institution has not been prominent till within three years. In two years from now we won't hear of the Keeley cure."

Dr. R. E. McVey reported a case to the society. "A boy, eleven years of age, in whom there was a congenital absence of both testicles. The father of the boy never had but one testicle, and had only had two children—a girl and this boy. The condition in the boy might be hereditary. If the testicles are retained in the abdomen some means should be used for their release.

Since the abdominal cavity is no longer considered sacred there would be little risk in an operation, and we should take the risk. Do not believe this case would be much benefitted by medicinal treatment, but if the parents will not consent to an operation, would suggest the use of one of the aphrodisiacs. Damiana is the most effectual remedy in giving tone to the general nervous system and developing the generative organs."

Dr. Ward objected to the tone of the report. Thought it contained matter which ought not be presented to the society.

Dr. Rodgers.—"Damiana, it is claimed, does not always have this effect, but is often more serviceable as a sedative. I have used it so and find it more of a sedative than a tonic."

Dr. Minney.—"Would like to ask if operative interference would be of benefit in such a case?"

Dr. Lindsay.—"I have a case of concealed testicle which is frequently injured, and would like an opinion as to the advisability of an operation."

Dr. Alexander.—"I think it would be of much interest if this case could be brought before the society."

Dr. Sheldon.—"I would like to ask if anything can be felt at the ring. Where the gland is retained in the canal surgical interference would be proper. If these cases are from lack of development, of course it would not be amenable to surgical treatment."

Dr. Warner.—"I do not think damiana is worth as much as good rain water. I have not in a single instance had good results from it."

Dr. Morgridge.—"I have never had but one case of this kind, and that was unilateral. I did not attempt surgical interference, and cannot suggest a proper method."

Dr. Cannon.—"I examined a man some years ago for a pension, who made a claim upon rupture. I found one testicle absent, which he said had been lost since an injury received during the war. I advised an operation, but he preferred a pension."

Paper was received.

Dr. Sheldon reported the following case: "I was called to see a married lady who had no children. I found her in bed. Abdomen distended with fluid. She had sent for me to tap her. She had been tapped frequently, and the last time four gallons were removed. She was weak; pulse 94; respiration disturbed. She had allowed the water to accumulate until an umbilical rupture was produced. She had passed no water since 9 o'clock. I asked her to pass some and obtained about two ounces. It was loaded with albumen, sp. gr. of 1012. Should I try to relieve the albuminuria by remedies before removing the fluid, or not. There is no tenderness over the kidneys and no indications of an ovarian cyst. She was entirely relieved on former occasions by removing the fluid. Limbs are slightly œdematous."

Dr. Alexander.—"My experience is that in cases of nephritis of three years standing, with patient in this condition and urine loaded with albumen, tapping must be done to save the patient."

Dr. Morgridge.—"I would advise tapping. The pressure of the accumulation will interfere with the function of the kidneys. The pressure may acquire such force as to rupture the abdominal wall. I do not rely upon medication in these cases. The kidneys are already doing all they are able, being hindered by pressure."

Dr. Stewart.—"If the pressure has increased till the walls are endangered the tapping is best. Otherwise I would suggest proper medication, diuretics and mild purgatives, flushing the kidneys and gently moving the bowels, with increasing the nutrition. For the latter there is nothing better than milk. An absolute diet of milk, restorative tonics, pepsin, and if the liver is at fault, fel bovis. It may not be a nephritis—blood would be the indication."

Dr. Rodgers.—"I would like to ask Dr. Stewart how you can flush the kidneys. You can stimulate, but you cannot flush the kidneys by giving diuretics."

Dr. McVey.—"I think the ascites might be due to cirrhosis of the liver."

Dr. Sheldon said, in answer to Dr. Powell,

that there had been no previous urinalysis or ophthalmic examination that he knew of."

Dr. Alexander.—"I will suggest that Dr. Sheldon be requested to report upon an investigation of the causes of the ascites, with special reference to the heart, kidneys, liver and tumors. An exclusive milk diet will produce constipation unless the patient is able to move about."

Dr. Stewart.—"If the milk is predigested it obviates this trouble."

Dr. Alexander.—"I have just this week had a case of constipation on predigested milk."

Dr. Stewart.—"There may have been a preconstipation. The trouble with the milk diet is the failure to look after the previous habits. Where there are impactions or habitual constipation the colon should be cleared out. It is a popular idea that milk is a constipating diet, but it is not."

Dr. Lindsay.—"The use of milk in typhoid fever will not bear out the statement of Dr. Alexander."

Dr. Alexander.—"I did not refer to the use of milk diet except in nephritis, epilepsy, etc."

The bill for rent of hall for the months of October, November and December was allowed, and an order drawn for the amount.

Society adjourned to meet January 5, 1892.

W. E. McVey, *Secretary*.

The Eastern Kansas Medical Society.

(Continued from December number.)

The next paper of the evening was read by Dr. John T. Scott, of Holton, on puerperal eclampsia, reporting a case in practice.

The discussion was opened by Dr. S. E. Sheldon of Topeka, as follows:

"Mr. President: The subject of this paper is one of great interest and vital importance to every general practitioner, and it seems to me that this is an appropriate time to consider it, following as it does the paper on nervous reflexes and the discussion of it, as in my opinion many cases of puerperal eclampsia are produced by nervous reflex action. This may be brought about in a great many ways, among which, probably the most frequent, is gastric irritation, produced by indigestable food. I have met with two cases of this character, both of which were relieved by free emesis, the character of which verified the diagnosis. Irritation of the intestinal canal, and of the bladder or of the kidneys may be the cause, as also may be extensive cutaneous eruptions of an irritable character. Psychical disturbances, such as fright, fear, anger or grief, have all been known to be the exciting, if not the only cause of puerperal eclampsia. It comes under the head of nervous reflexes.

"Just what part albuminuria plays in the production of puerperal eclampsia, if any, is yet an unsettled question, but I am of the opinion that by depriving the blood of so much of one of its essential constituents, it thereby becomes impoverished in its reparative and constructive qualities, and leaves the system an easy prey to nervous reflexes, be they direct or reflex. Even the blood itself in this condition may be the cause of nervous reflex disturbance, sufficient to produce eclampsia.

"In the management of such cases the first thing is to prevent immediate death; second, to ascertain and remove the cause; third, to guard against recurrence of the convulsions.

"The first indication is best fulfilled by the inhalation of chloroform, or by morphia, or morphia and atropia combined, given hypodermically, hydrate of chloral, or large doses of veratum viride.

"The manner of fulfilling the second indication will naturally suggest itself when once the cause is ascertained. If labor has not been completed, this should be accomplished as soon as practicable. The third indication is best fulfilled by perfect rest and quiet, attention to the secretions, a plain and simple diet, and if much albuminuria exists, the diet should consist almost entirely of skimmed milk. Nerve sedatives should be continued in sufficient quantities to control excessive manifestations, and should be

withdrawn gradually, or perhaps a milder sedative substituted. In cases where the albuminuria is considerable, and the quantity of urine small, I have received benefit from full doses of tr. ferri mur., frequently repeated, alternating with full doses of potassa acetate.

"Often-times a mercurial or saline cathartic is indicated, and is usually followed by prompt relief.

"In cases of a full plethoric habit, with a full strong bounding pulse, prompt relief may often be obtained by free phlebotomy, followed by appropriate treatment."

Dr. M. R. Mitchell said as follows:

"Mr. President: No disease, perhaps, makes stronger demands upon the physician for prompt actions, and yet cool, thoughtful judgment, than that of puerperal eclampsia.

"The etiology of the disease is often the puzzling question which presents itself.

"The causes, may, perhaps, be generally classified as predisposing and exciting.

"Chiefly among the predisposing may be noted the deteriorated condition of the blood which exists in a greater or less degree in most cases of pregnancy, viz., a diminution of solid constituents, as for instance, albumen and red blood corpuscles, and on the other hand a predominance of the watery elements of the blood.

"The nervous system suffers from innutrition, and the actual contact of vitiated blood may cause such irritation of cerebro-spinal centers as to predispose to convulsions.

"This condition of the blood is perhaps owing to extra demand upon the natural blood for nourishment of the fœtus, and also on account of the pressure of the distended uterus upon the veins, as for instance, the renal vein causing congestion of kidney and preventing its function.

"The nervous system being impaired, it only requires exciting causes to produce convulsions, as for instance, indigestion, constipation, retention of urine, mental worry, fright, too much and improper company.

"The treatment should be, first prophylactic, and second, palliative. Under the former remove and avoid the causes. In view of innutrition and anæmia, give iron tonics, pure air and moderate exercise.

"As to palliative treatment, among the best are chloroform, hydrate of chloral, hypodermic injections of morphine and veratrum, persevered in vigorously and continuously to keep the convulsions under control. Induction of premature labor at seven months I think saved a patient for me when death was near at hand."

Dr. W. F. Sawhill, of Concordia, said he always insisted on the matter of rest and diet and society several days after confinement. Had had but one death in all his practice.

Dr. Morgridge said, in the conditions under consideration, pressure is often a factor in the kidney disturbances. The arterial tension may be normal or increased, but the condition is anæmia, and as the elimination of albumen continues, the anæmia becomes more profound. In reply to a statement by Dr. Crowell that eclampsia patients are generally plethoric, Dr. Morgridge replied that he could not comprehend how plethora could exist after the the continuous elimination of albumen for so long a time, and the appropriation of ingesta, by the fœtus for at least an equal period. The condition is that of anæmia. The quantity of circulating fluid may be normal, but the condition is hydremic-plethora. The blood in the glomerules parts with its serum albumen, and in health this is returned to the blood by the lining cells of the proximal convoluted tubules.

The hydremia produces in these cells the condition known as "cloudy swelling," and their functional activity being diminished, the albumin is secreted with the urine, and the anæmia is increased.

Dr. H. C. Crowell, of Kansas City, said: "Nothing new seems to be advanced upon this subject of eclampsia. It has become as A B C as far as we have gone, and yet there is an element of obscurity or doubt as to the real etiology; that albuminuria has to do in the production of this disease in a large majority of cases can hardly be gainsaid, yet we note not a few cases where albumin was only detected after the convulsions as

though the convulsion was the cause of the albuminuria.

"There is unquestionably a neurotic element in these cases, and whether that is reflex or due to toxic substances in the system remains to be solved. The mother has an increased work thrown on the kidneys when she has to secrete or eliminate for both herself and child, which probably predisposes to an acute nephritis. Pressure and worry are noted as causes predisposing to eclampsia. I can but think that discussions of this subject in societies of this character, where our observations are more or less limited, can add nothing to the elucidation of the subject.

"The subject should be submitted to men who are competent to make all systematic investigation, both bacteriologically and chemically, and under circumstances favorable to arrive at the facts in the case as near as may be, as for example, in large lying-in institutions. The treatment has been gone over so often that little new can be said. The remedies used are familiar to all. Venesection once practiced would probably be little resorted to now by modern men, veratrum veride taking its place. Morphine, chloroform, chloral, bromides, etc., have their use well understood. Finally I think one must admit that we do not fully understand the etiology, and must meet it by prophylactic measures in so far as securing a proper elimination from the kidneys goes, and when we find it upon us meet the indications with the above-named remedies."

The next paper was read by Dr. G. O. Morgridge, of Topeka. Subject: "The Lens and its Capsule." The paper was a complete description of the lens with its histology—with the etiology of cataract. This was especially interesting, as the authors of to-day leave the subject untouched.

Dr. Flavel B. Tiffany, of Kansas City, opened the discussion by saying that microscopical sections of the lens were rare. He was in full sympathy with the author of the paper in regard to the formation of cataract.

Dr. R. S. Magee said: "I wish to indorse in full the statements made by Dr. Morgridge that the nutrition of the lens is carried on by the cells on the anterior capsule. As an illustration: If pressure be made on the anterior surface of capsule, cloudiness of the lens ensues; and it is a fact well founded by observation in senile cataracts, opacity of the lens, begins centrally, showing conclusively that disintegration takes place most remote from point of nutrition, which is on anterior surface of capsule. These observations it seems to me prove the fact that the lens derives its nutrition from the layer of cells which are situated on the posterior surface of the anterior capsule of the lens."

Dr. D. R. Pelton said: "Might not the nutrition of the lens come from vitreous chamber, or be influenced by a set of nerves, trophic, which preside over the general nutrition of the eye?"

Dr. Tiffany remarked that the nutrition came to the highly vascular ciliary body, thence to the layer of epithelial cells, and then to the lens. Possibly by osmosis a part of the nutrition comes from aqueous humor; hardly thought any came from vitreous.

Dr. Morgridge said in closing: "The design of the paper is to indicate the causes of cataracts. When the cellular mechanism is in a normal condition, the lens is nourished and retains its transparency. Its analogue is seen in the corneal-fixed corpuscles.

"Through these cells the food must pass before it is fitted for nourishment and maintaining transparency in the corneal tissues."

Dr. Hal Foster, of Kansas City, read a paper on the "Removal of Adenoid Growths from Posterior Nares, and their relations to Diseases of the Middle Ear."

Dr. D. R. Phillips, of Leavenworth, said that he thought it best that great care should be used in removing these growths from vault of pharynx that no harm be done, and always use a mirror. Remove them posteriorly, and not anteriorly by way of nares.

Dr. Magee said that when these growths were large they obstructed the orifice of Eustachian tubes very often, interfering with the circulation of air in middle ear cavity, then retraction of the drum invariably takes place, on account of continued atmospheric pressure from without and rarefaction of air

internally. Thickening of drum follows with anchylosis of chain of bones, and impairment of hearing with the very disagreeable tinnitus aurium. The proper thing to do is to remove these growths, also the tonsils if they are hypertrophied and interfere with the Eustachian tubes.

Dr. Foster, in closing, said that the finger nail was the safest instrument to use in the removal of the soft growth. That permanent deafness was very likely to occur if they are not removed.

Dr. Tiffany exhibited a new trachoma expression forcep, a modification of the Prince, having small corrugated rollers instead of the smooth rings as used on the Prince.

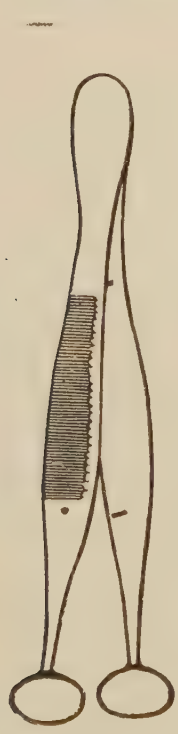

Fig. 1.

PRINCE'S.

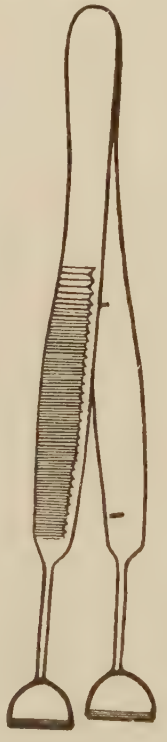

Fig. 2.

KNAPP'S, IMPROVED.

The advantages claimed for the modification of the forcep as improved by Dr. Knapp is that the foot of the stirrup consists of a corrugated rotating cylinder. This cylinder is much larger than the base of Prince's forcep, and when applied to the lid does not tear the conjunctiva.

With this long corrugated rotating cylinder, the granulations are easily crushed and stripped out with the trachoma juice from the lid.

Reports of cases being called for, Dr. W. J. Van Eman, of Leavenworth, reported the following interesting cases:

Mrs. C., multipara, was prematurely confined October 1, 1890. Duration of pregnancy five months. Attended by a midwife, who pronounced the uterus empty. Was out of bed in a few days, and except a slight sanguinous discharge was soon in her usual health. The discharge persisting, March 3, 1891, she went to bed with uterine pain and profuse flowing. Digital examination revealed a dilated os, and the bare bones of a fœtal head presenting. Careful manipulation resulted in emptying the uterus of a fœtal head of five months and a portion of placenta, two inches wide by three inches in length, well nourished, except at one end which was decayed and fetid. The bones of the face were absent and the skull fell apart and only the parietal bones had sufficient strength to be taken out whole. They are so nearly absorbed that they resemble a very fine sieve, and so brittle that care is required in handling to prevent crushing. For a fœtal head and placenta to be retained for this length of time must be a very rare occurrence, and it is especially interesting from the fact that no harm resulted to the mother, who supposed that she was having a second miscarriage, when in fact she was only completing the first, begun five months before. All trace of trunk, limbs, membranes, cord, etc., were absent.

Josephine N., age fifteen, was seized while at school September 29, 1891, with a chill, followed by cough and sore throat. Sample cough mixtures were given by the family during the balance of the week, it being believed she had a simple "cold." Saturday night, October 3, she was seen by a physician for the first time, she having grown worse during the afternoon. I found her with a slight rise of temperature, a very rapid and weak pulse, (150,) breathing labored, laryngeal cough, fauces slightly reddened, but free from exudation; hands and feet cold, skin of face mottled and bathed with perspiration. A diagnosis of mem-

branous laryngitis was made, a doubtful prognosis given, and what was thought an appropriate prescription made. The next morning all the dangerous features were present in a still more aggravated degree, and the pulse was so rapid and weak that it could not be counted. Intubation was now proposed, but declined by the family unless I would give a promise of certainty of permanent relief, which I did not feel disposed to do, and I left after having prescribed an emetic of turpeth mineral, active stimulation and continuance of my former prescription without doubting that a few hours would close the scene. Returning three hours later, I found my patient breathing quietly and easily, and her expression one of great comfort, and learned that during the action of the emetic she had a severe coughing and choking spell and had raised a large amount of membrane, and in the vessel used I found a cast of the trachea three and one-half inches in length. During the day the cough and dyspnœa increased until it became almost as bad as before until about 2 A.M. of Monday she again coughed out another tube over three inches in length and of the same callibre as the former one with a complete cast of the larynx which I have presented. From this time on her improvement was steady, and convalescence is now complete except that she is yet unable to speak above a whisper. This case is very interesting, for had I done intubation I should most likely have loosened the membrane, and would probably have had immediate death from suffocation; and had I done tracheotomy I should have opened new surfaces for absorption and added the risk of shock to a heart already worked to the limit. It is also of much interest to me as a case of recovery from a dangerous condition practically without treatment. As I can hardly claim that my treatment, begun late Saturday night in so grave a case, could have established absolute convalescence in a little more than twenty-four hours, although as one gentleman said to whom I related this story, it undoubtedly helped.

My last case occurred in the practice of my friend Dr. Brock, and shows the somewhat unique course of a gun-shot wound.

A boy, age eleven, was playing with another of about the same age, when one in sport aimed a small air gun carrying a conical bullet of about calibre twenty at the other and fired, not knowing it was loaded. The ball entered at the gluteal fold and ranged inward and forward, but could not be found. Retention of urine followed for twenty-four hours, when the mother, in the doctor's absence, located it in the urethra, slightly protruding from the meatus uninarius, from whence Dr. Brock extracted it with a small forceps, using considerable force. It had evidently lodged in the membranous portion of the urethra, and completely filling it, had been forced out by the pressure of the urine from behind, causing retention and great pain with instantaneous relief from both after its removal.

An invitation was extended to the society to meet in Holton in January, which was accepted. A bounteous repast was provided by the Leavenworth physicians which was awaiting us and to which all did justice.

The large attendance, the full discussion of every paper and the splendid supper made us all feel we had a profitable time. The society then adjourned to meet in Holton the second Tuesday in January, 1892.

R. S. MAGEE, M.D., *Secretary*.

MENSTRUATION.—In the September number of the *Journal of Obstetrics*, Dr. F. B. Robinson, professor of gynecology in the Post-Graduate Medical School of Chicago, advances the opinion that menstruation is governed by nervous ganglia situated in the walls of the Fallopian tubes and uterus. He designates these nervous symptoms as automatic menstrual ganglia.

SEVEN hundred and nine of the descendants of Margaret Jukes, of the state of New York, have been convicted of crime from that of petit larceny to murder, at a cost to the state of one and a quarter millions of dollars.—*Medical Tribune*.

Kansas Medical Journal.

PUBLISHED MONTHLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:
Per annum, in advance..... $2 00
Single copies..... 25 cents
Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

DR. W. E. McVEY, PUBLISHER,
723 Kansas Avenue.

Editor-in-Chief:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
Assistants:
W. L. SCHENCK, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
Associate Editors:
W. D. BIDWELL, A.M., M.D., Washington, D. C.
W. A. PHILLIPS, M.D., Salina, Kas.
W. F. SAWHILL, M.D., Concordia, Kas.
D. F. ROGERS, M.D., Topeka, Kas.

TOPEKA, KANSAS, JANUARY, 1892.

Examine the Urine.

The surgeon should examine the urine of the patient in at least every major operation. If it is an emergency and the operation cannot be delayed, a specimen of the urine should be obtained and examined immediately after the operation, and its condition noted. If sugar or blood or albumen, or the salts in excess are found, therapeutics can be administered accordingly. For to be forewarned is to be forearmed.

If the surgeon can choose his time to operate he is criminally negligent should he not analyze the urine. The urine is a sealed book of incalculable value, and ready to be opened by the science of chemistry and microscopy. What wonderful stories it will tell to the questioner, and revelations make known to the interrogator. It matters not what the patient may believe about himself, many times *it* will *tell*. It is a fair index to the general condition of the system.

If nothing should be found but a very great excess of the salts, it shows an excessive tissue waste and *healing* would be more or less delayed in such a condition, and the waste should be checked before the wound is made.

About three years ago I examined a cataract patient and gave an unfavorable prognosis for the result of the operation because of the condition of the system. The patient was operated on by a skillful physician in a distant city and with a fatal result, the patient dying within six months of kidney degeneration. The fault was not in the operation, but the patient had the wasting disease at the time of the operation, although he was able to work and said he felt well.

Two months ago a patient called on me to remove a cataract from his right eye, the left having been operated on unsuccessfully about two years before. Owing to the marked tenderness in the ciliary region of the left eye and firm adhesions of the iris and dense leucoma of the upper segment of the cornea, with slight (at times) supra-orbital pains, we advised enucleation of the affected eye, and when healing was complete removal of the cataract of the right eye, which would in this case be six weeks or two months later, to which he agreed. He said his health was good, relished his food, bowels were regular, kidneys acted well so far as he knew, and he had gained thirty pounds in two years but was sometimes restless at night. He attributed the latter to his mind dwelling on his condition—blindness. We were ready to operate, but we examined his urine and found it loaded down with the salts.

Instead of operating we put him on the tincture of iron five drops in a wine glass full of water three times a day after meals, and told him to send us a specimen of his urine in one week. At the expiration of one week he sent his urine, and it had cleared up almost entirely. He was directed to come for the operation. In about a week he reported in person, claiming that he felt quite well although he did not look as vigorous as a fortnight before.

Examination of his urine showed a heavier deposit than ever. He was put on—

℞

Quiniæ Sulph.....gr. xl.
Ferri Citratis.....gr. xx.

M. Ft. Capsules No. xx.

Sig.: One after each meal.

The next morning he had a severe chill, and one on each alternate day for about a week. He treated himself, taking large doses of quinine; "had the ague," he said, and knew what to do for it. After his course of quinine his urine cleared up, and as he was anxious to go home, the eye was removed the fifth day after his last chill. He made a slow recovery and the wound healed tardily—and we operated a little too soon.

The importance of a careful examination of the urine in general diseases, and especially in proposed surgical cases, cannot be overestimated; and the physician and surgeon should be governed largely by what the urine tests tell him.

LACERATION of the cervix; the relation of, to malignant disease, and its treatment.—In the December number of the *Archives of Gynecology, etc.*, Wm. E. Ashton, M.D., of Philadelphia, comes to the following conclusions:

"1. I believe cancer of the uterus to be local and inflammatory in origin.

"2. That lacerations are the cause, in almost every instance, of cancer of the cervix.

"3. That the indications for operating upon a damaged cervix is pointed out by the failure of local treatment to effect a cure.

"4. That trachelorrhapy and amputation are the only surgical means to repair a damaged cervix.

"5. That amputation should be resorted to in the majority of cases where an operation is indicated.

"6. That the stump resulting from the amputation should be covered over by a flap of vaginal mucous membrane."

WHAT you digest is of more importance to you than what you eat.

Our New Year's Lesson.

WE begin with this number of the JOURNAL the fourth volume. That we are pleased with the work we have done and that our friends are pleased with the JOURNAL partially meets the anticipations of the company when it assumed the responsibilities of so doubtful an undertaking. We hoped in the beginning of our work that we might in a measure aid in the advancement of the profession of Kansas; that by furnishing a medium for interchange of ideas many of those who seemed to have "hid their light under a bushel" would be induced to show their power and ability.

We have not been disappointed in this for some of our brethren—luminaries noticeable only for their steadiness and persistency—have by continuous polishing and increased power acquired a brilliancy which is remarkable not only at home but is reflected far and wide. If we have tried to help others we have also helped ourselves. The work has required much care and endless trouble, but the kind letters of appreciation, the wholesome words of encouragement and ever-welcome items of news and communications from our thoughtful and considerate patrons have made it a work of pleasure and not of labor.

If on this the beginning of another year we were asked to say our New Year's lesson we would say: Every man's success is commensurate with the persistent labor, energy of character and intellectual vigor he displays in the undertaking.

Our mistakes are the practical experiences which, if properly observed, aid in the perfection of knowledge.

Principles are good but society is not always conducted upon principle and we find among doctors some who want all of the glory but none of the work, all of the pleasure but none of the trouble, all of the victories but none of the failures, and if the world were made to their order they would want a cage to put it in. These are the exceptions, however, and as a class we can truthfully say there is not a more industrious, a more

honest or a more noble set of men on the face of the earth than the doctors. We love them all. And in wishing them all a merry Christmas and a happy New Year we hope that each and every one will with the beginning of the new year make a note of every interesting case, recent observation or impotant fact that he has discovered and send it to the JOURNAL.

IN the treatment of fractures of the shaft of the femur, what is a satisfactory result in a given case?

The following-named surgeons were appointed a committee at the last meeting of the American Medical Association to report on the above question: Dr. Stephen Smith, of New York; Dr. D. Hayes Agnew, of Philadelphia; Dr. David W. Cheever, of Boston; Dr. D. W. Yandell, of Louisville; Dr. Charles T. Parks, of Chicago; Dr. P. S. Connor, of Cincinnati; Dr. Chas. B. Nancrede, of Ann Arbor; Dr. Hunter Maguire, of Richmond; and the following conclusions were reported and unanimously adopted at the meeting in Washington, D.C., September, 1891:

1. Firm bony union exists.

2. The long axis of the lower fragments is either directly continuous with that of the upper fragment, or the axes are on nearly parallel lines, thus preventing angular deformity.

3. The anterior surface of the lower fragment maintains nearly its normal relation to the plane of the upper fragment, thus preventing undue deviation of the foot from its normal position.

4. The length of the limb is either exactly equal to that of its fellow, or the degree of shortening falls within the limits found to exist in ninety per cent. of healthy limbs, viz., from one-eighth of an inch to one inch.

5. Lameness, if present, is not due to more than one inch of shortening.

6. The conditions attending the treatment prevent other results than those obtained.

MUSIC is to be used as a therapeutic agent. Why not?

The Inter-Continental American Medical Congress.

CINCINNATI, OHIO, Dec. 2, 1891.

DR. J. E. MINNEY, *State Committeeman for Kansas*, Topeka, Kansas.—

DEAR DOCTOR: A conference with the general officers of the Pan-American Congress resulted in the conviction that the time selected for the meeting, namely, October 3, 1893, was unfortunate. Many of the best workers of the Congress in this country are identified with colleges which will just then be in the act of opening their sessions. The demand for the professors at their post of duty will be more imperative at that season than at any other, a fact which will militate against the interests of the Congress. Two very prominent college men, who were elected chairmen of sections, have declined solely on that account, and their resignation would doubtless be reconsidered in the event of a change of date. With reference to Canada, Mexico and Cuba precisely the same state of affairs exists. My correspondence with our colleagues of central and South America indicated that an earlier date would be better suited to their purposes and conveniences.

In view of this fact, and after conference, Dr. Pepper and myself concluded to ask the committee on organization to change the date from the first week in October to the first week in September. The meteorological observations show that the climate in Washington in the early weeks of September is less objectionable than in the latter part of that month or in early October. Kindly send me your vote upon this question by early mail. You may be gratified to learn that the organization is progressing rapidly, and that as soon as the acceptances are all in the announcement will be made.

P. S.: Recent advices indicate that the international will meet at Rome early in October. This makes it simply imperative that we meet a month earlier.

Very sincerely yours, CHAS. A. L. REED, *Chairman Committee on Permanent Organization.*

LITTLE THINGS.

A COMMON scold and faultfinder is insane.

DOCTOR, did you ever see a case of zahnpocken?

NASAL reflexes sometimes are the cause of stuttering.

IT is the safer plan to treat phthisis as a contagious disease.

THE Kansas Medical College has matriculated thirty-four students, a gain of twelve over last year.

DR. JOS. HAIGH, of Grenada, will remove to Seneca January 1. The doctor is a hard aggressive worker.

CASTELAN says, a one per cent. solution of bicarbonate of soda is an excellent injection in gonorrhœa.

EUROPHEN is a new antiseptic, designed to take the place of iodoform. It is nontoxic, and the odor is not unpleasant.

IT is related of a mother down east that she was so tender-hearted she gave her boy chloroform before she whipped him.

EQUAL weights of castor oil and sub-nitrate of bismuth are recommended by Dr. Barton Hirst, of Philadelphia, for fissured nipple.

A SURGEON is justified in operating on or treating an incurable disease for the peace of mind and moral effect it has upon the patient.

"YOU can't bear children," said Mrs. Adams disdainfully. "Perhaps if you could you would like them better," continued the old lady wiping her spectacles.

A FARMER, in writing to the secretary of the Kansas state fair last fall, among other articles said: "Also enter me for the best jackass; I am sure of taking the premium."

THERE is a tombstone in the Saratoga graveyard on which is this epitaph: "Erected to the memory of John Phillips, accidentally shot as a mark of affection by his brother."

OINTMENT for anal fissure.—To equal parts of stramonium ointment and vaseline, say an ounce of each, add twenty grains of salicylic acid, and rub well together.

—*Elec. Med. Journal.*

THE *Columbus Medical Journal* says the weight of experience is that cocaine is more likely to show its toxic properties when injected into the urethra than when used anywhere else.

DR. HARRY SMITH has resigned the chair of demonstrator of anatomy in the Kansas Medical College, and Dr. R. S. Magee, lecturer on ophthalmology and otology, has been elected to the chair.

"ARE you the judge of reprobates?" said Mrs. Partington as she walked into an office of a judge of probate. "I am the judge of probate," was the reply. "Well, that's it I expect," said the old lady. "You see my father died detested and he left several little infidels, and I want to be their executioner."

A LITTLE Topeka three-year-old boy, feeling stuffed up with a cold one morning, was asked by his aunt "How do you feel Charlie?" "Don't feel well," said Charlie; "my nose wont work." The next day the cold had broken, when she asked him the same question. "Feel bad," said Charlie; "my nose works too much."

DR. W. D. BIDWELL, of the JOURNAL staff, formally of Leavenworth, Kansas, and now of Washington, D. C., has located his office at 1535 P. St., N. W. The doctor will be pleased to see any of the Kansas brethren, and a kind word to their friends who may be in Washington in his favor will be appreciated by him and we think greatly to their interest in a professional way.

DRS. Maguire, of Hutchinson, and Scott, of Stafford, Kansas, spent the greater part of December in the city taking in the medical school, and expressed themselves as agreeably surprised at the opportunities afforded for a medical education in Topeka. Since the beginning of the school, September 15, 1891, it has averaged an abdominal section a week without a death, besides enucleation of eyes, cataract operations, tenotomies and various other surgical operations—minor and major.

Elastic Ligature in Intestinal Anastomosis.

By A. H. CORDIER, M.D., McPherson, Kansas.

There are not many surgeons in this country who have not, at some time within the last three years, done some experimental intestinal surgery, and the number of dogs sacrificed for the "advancement of science" are counted by the thousands.

In no other way could the rapid advances have been wrought in so short a period.

To Dr. Senn is due the credit of this stimulus to improve in the technique of intestinal surgery, and the advent of his decalcified bone plates marked a new era in this branch of our healing art. The many modifications of his plates by eminent surgeons suggest to the reader's mind that something better is desired.

The cat-gut mats and plates of Dr. Davis, the segmented rubber rings of Dr. Brokaw, the plates of vegetable tissue of Dr. Dawbarn, and Abbi's rings, are a few of the many methods devised by various surgeons, all of which I have used in my experimental work in the last two years.

When we recall the old and tedious method of joining the divided gut, end to end, occupying an hour and forty minutes of valuable time, well we may with joy herald the introduction of any operation which will reduce to a minimum the time of performing it, and thus rob the operation of one of its greatest dangers.

At the last meeting of the American Medical Association, the address on surgery was delivered by Dr. T. A. McGraw, of Detroit, selecting as his subject—"Use of the Elastic Ligature in the Surgery of the Intestines." On reading the article in the *Journal of the Association*, May 16, 1891, I resolved to begin a series of experiments on dogs with this method as described by Dr. McGraw.

I sent to Milburn & Williamson, Detroit, where the elastic ligature may be obtained at a trifling expense.

By the 25th of May I had begun my work. The ligature is about the size of the lead in an ordinary lead pencil, very elastic and stout. By shaving the end of the ligature it can be threaded on a needle much smaller than itself.

I quote Dr. McGraw's exact language as it was published, on the application of the ligature:

"This is a decided advantage, for the reason that it is important to make as small a hole as possible through the intestinal wall, and also to have the ligature not only completely fill, but distend the hole, so as to prevent any extravasation of fæculent fluid. Now by stretching the rubber during its passage, rendering it thin and small, it may be easily drawn after the needle, and its subsequent contraction will largely increase its size and cause it to more than fill the orifice.

"The ligature was in most cases passed through the gut in its long axis and at points most distant from the mesenteric attachment. Before passing it, the bowels were stitched together by from three to six Lembert sutures, and afterwards similar stitches above the ligature served not only to give additional protection, but also to bury the rubber in the intestinal folds. Usually an inch or more was included in the ligature.

"After the cord had been drawn through both coils of the intestine, it was tied as tightly as possible in a square knot. Although the knot will ordinarily hold without further fastening, yet, as I wished to cut the ends very short to cause as little peritoneal inflammation as possible, I always secure the ends so as to make slipping impossible.

"In tying the ligature, a silk thread is laid under it, first over the first turn of the knot, and afterwards over the completed knot. This fastens the rubber against a possible slipping. In making the knot, the ligature should be drawn as tightly as possible without breaking."

For a full and complete description, I refer the reader to Dr. McGraw's admirable address.

In my experimental operations on fifteen

dogs, I did not lose a dog from any cause where the elastic ligature was used as described by Dr. McGraw.

Antisepsis was observed as thoroughly as possible. My dogs were killed at various periods after the operation, and the results of my operations noted. I found the same results as the doctor in his experiments, my dogs rapidly getting over the effects of the operations, eating and quite cheerful in two or three days. In this short period and with the limited experience with this method of performing intestinal anastomotic operations, I have deduced the following in reference to the use of this ligature.

1st. It is an emergency method.

2d. It does not swell and produce undue pressure on any other structures than those intended to be cut through.

3d. It is not acted upon by the alimentary juices, consequently cannot dissapear before its work is completed.

4th. It can be used in establishing the lumen of the gut in closing an artificial anus.

5th. Does not get needles and threads tangled, as is liable to occur in applying any of the ring or plate devices.

6th. Requires less experience and fewer assistants.

7th. Does not open the gut until after plastic exudate has sealed the approximated surfaces, thus avoiding one of the greatest dangers in other anastomotic operations.

8th. It is very quickly performed, saving from fifteen to thirty minutes of very valuable time to the patient.

9th. The elastic ligature is so pliable and soft that no harm can possibly come from its presence in the intestines.

10th. By using the elastic ligature and surrounding it by Lembert sutures you bring and hold in contact as large or larger surface of peritoneum than you can get by any other operation.

11th. The opening made by the ligature is lined by mucous membrane from one gut into the other, insuring its patency.

12th. You do not produce any hemorrhage from dividing the vessels of intestines, as is often the case in using the plates. This bleeding, although easily controlled, takes up some time to check it in many cases.

13th. Its use is limited, and may be applied where there is a partial stenosis of the gut or destruction in part of the intestines that will lead to a stricture if repaired. In the latter condition, the rent may be closed with Lembert sutures or resected, the ends inverted and closed and approximated by this method, and a communication will be established in four or five days.

14th. This method finds special indications when an operation is performed for cancer, sloughing, intussusception or hernia, stricture of any part of the alimentary canal where the obstruction is not complete or of long duration. All cases demanding immediate relief by establishing the continuity of the canal or within a period of four days must be operated on by some one of the other methods.

15th. It may be applied in tumors of the intestines, or growths pressing on the gut and thus producing a pressure on the intestine requiring a resection.

Where it is necessary to make a large or long opening in operating on the large intestines, to prevent too much puckering of the walls of the gut, a double ligature can be applied upon the principle of the "Tait Staffordshire" knot, or Dr. Peaslee's "chain-ligature," taking care to tie the ligature so the knot will come in the middle of the constricted tissues, and well closed in by Lembert stitches.

I recall one case in the human in which I applied the approximation mats of cat-gut for the relief of a traumatic stricture of the ileum, the patient dying from shock a short time after the completion of the operation, I believe in part due to the almost unnecessarily prolonged time occupied in making anastomotic openings, checking hemorrhage from slit in the gut, untangling threads, want of more experience and skilled assistants, all combined taking up much valuable time. With the elastic ligature operation, I believe this case would have recovered.

Dr. McGraw has in his address left so little to be said of this method and its results that I again refer the reader to his article.

I desire to thank Drs. Salthouse and Thompson, and Mr. Tull, a medical student, for valuable assistance while carrying on my experimental work.

Eastern Kansas Medical Society.

The Eastern Kansas Medical Society will meet in Holton, January 12, 1892. An afternoon and evening session will be held so as to utilize all of the time.

Dr. Stewart will give his treatment of albuminuria, which is new, simple and interesting.

Dr. Pickard, of Burlingame, will report a case of paris green poisoning.

Dr. Morgridge will tell us about inflammation, which will be freely ventilated by Drs. Sheldon and Griffith.

Dr. Colcord will tell us how to diagnose kidney and bladder troubles by cell differentiation with the aid of the microscope.

Dr. Paddock, of Netawaka, will give us the latest methods of treatment of pneumonia.

Dr. Wall will read a paper on the eye.

Dr. Ward will review the work of the past year on gynecology, giving us what is new.

A general discussion of "The things to be learned from the bichloride of gold treatment for drunkenness" will be participated in, to be opened by Dr. Lindsay.

A practical dentist has partially promised us a paper on the care of the teeth and when operative dentistry should be done.

There are several other papers in preparation, the subjects of which we cannot announce now.

Programs will be mailed January 1, 1892. If you should not receive a program send a postal. Everybody come.

Respectfully,

R. S. MAGEE, *Secretary.*

Golden Belt Medical Society.

The next meeting of the Golden Belt Medical Society will be held in the Commercial club rooms, Salina, Kansas, January 7, 1891.

PROGRAM.

AFTERNOON SESSION—3 O'CLOCK.

1. General order of business.
2. Paper by T. B. Ross, M.D., Abilene.
3. "Report of an Interesting Surgical Case."—J. B. Crowley, M.D., Salina.
4. "Report of Cases in Practice."—N. V. Boyce, M.D., Bennington.

EVENING SESSION—8 O'CLOCK.

1. "Etiology and Treatment of Scarlet Fever."—T. N. Gunn, M.D., Chapman.
2. Paper or Report of Cases.—M. B. Ward, M.D., Topeka.
3. "Shall We Operate in Damaged Tissues."—P. Daugherty, M.D., Junction City.
4. Subject for general discussion: "Epidemic Influenxa."

F. B. BROWN, *Secretary.*

Reprints.

"Removal of Uterine Appendages, with Results," by M. B. Ward, M.D., of Topeka, professor of gynecology in the Kansas Medical College, read before the American Association of Obstetricians and Gynecologists in New York City, September, 1891. Containing a full discussion of the paper by Drs. Henry O. Marcy and E. W. Cushing, of Boston, Joseph Price and Mordecai Price, of Philadelphia, and Charles A. L. Reed, of Cincinnati. The discussion is interesting and complimentary to the author of the paper, and its length, seven pages, precludes its publication in this number of the JOURNAL for we are full.

"Personal Hygiene in Schools," by W. L. Schenck, A.M., M.D., professor of state medicine in the Kansas Medical College, Topeka, Kansas, read before the section of state medicine at the forty-second annual meeting of the American Medical Association at Washington, D. C., May, 1891. Reprint from the *Journal* of the American Medical Association, December 5, 1891. This is an admirable paper and well worthy the study of every parent and physician in the land.

"A Vegetable Plate, also New Technique in Intestinal Anastomosis," by Robert H. M. Dawbarn, M.D., professor of surgical anatomy and operative surgery New York Polyclinic.

"Sarcoma of the Dorso—Scapular Region, Operation, Recovery," by George N. Lowe, M.D., of Randall, Kansas. We saw the case at Concordia when the doctor presented it and it was a formidable case for operation, and good surgery alone saved the patient thus far. The patient is yet under observation, the carcinoma having returned in the neck and is being treated by injections of pyoktanin by Dr. O. H. Hughs, of Jewell City, and Dr. C. H. Guibor, of Topeka. A full report of this case will be given in the JOURNAL with the result of treatment as soon as practicable.

A TREATISE on Practical Anatomy, by Henry C. Boenning, M.D., lecturer on anatomy in the Philadelphia School of Anatomy, etc., published by F. A. Davis, Philadelphia, Pa., 1891, is on our table. This work reflects the experience of the author in teaching anatomy that is quite adequate as a text-book for the student and a dissecter. It contains a synopsis of the subject arranged in such a manner as to facilitate the study, and yet full enough of detail to assure the student that he is not getting a mere outline.

D. F. RODGERS, M.D.

Potato Plate in Intestinal Anastamosis.

Dr. Dawbarn sums up the advantages of the vegetable plate as follows:

1. It may be made a real emergency method, being by far the speediest of all. I have made a pair of plates, with threads in place, and ready for use in ten minutes.

2. The potato can be procured anywhere without delay and without cost.

3. It is a plate and safer than a ring, because keeping in contact a wider peritoneal surface than a ring can do.

4. A very long ellipse, which is best, is easily made and maintained; some fleshy roots other than potato may by their length permit plates to be cut with extremely long apertures. This, however, can rarely be needed.

5. Unless withered and shrunken potatoes are used, there is no tendency whatever to swelling with its consequent danger from pressure—as against the catgut methods.

6. It is rigid and remains so a longer time than the catgut rings. I generally soak the peeled potato for an hour or two before use, because although with a sound potato the plate does not perceptibly swell nor change size, it grows even harder in water for a time; while in air, by drying, it becomes more flexible and soft.

7. One of the dangers of the bone-plate is its slow absorption, with possible sliding so as to obstruct the new opening. If a plate by its presence, will aid speedy application of a line of sutures, and will then keep the denuded surfaces quiet and in contact for just a few hours, that is all we want of it. And the sooner thereafter it disappears, the sooner a possible source of danger is removed. If surgeons will only remember to scrape well with a knife the surfaces to be coapted, they need not ever fear a lack of rapid plastic exudation. To aid perfect quietude of the guts during this period—the critical one—I would insist upon the invariable use of as large a hypodermatic injection of morphine as the patient can safely bear. This should be given just before the anæsthetic.

For Sale.

One new Leonard Chair, the finest and best chair on the market.

One second-hand Clark Chair, in good condition, for $25.

One Canton Chair, also in good condition, for $25.

One Faradic Battery, new and in good order, very cheap.

TO TRADE.—A good new Surgical Chair for a horse. Address "M.," care of the KANSAS MEDICAL JOURNAL.

Recurring Grippe.

[From the October number of the Medical Mirror.]

The history of epidemics is almost uniform in the direction of their extending over several years. Frequently the disease is endemic, becoming a definite part of every day life, as witness diphtheria in many sections of the country. La Grippe is no exception. Appearing among us as it did two years ago it returned the second year in a form more virulent than the first, producing effects far-reaching and uniformly demoralizing. Observing practitioners cannot have failed to notice that during this summer and fall many cases could be explained by no other hypothesis than that they were affected either directly or remotely by the grippe. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases effected *de novo* by the germ (if there be one) and cases that have never yet recovered from previous attacks with re-aroused disturbances due to the sudden and frequent changes of the weather. Feeling the importance of keeping open the excretory system of glands and at the same time considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more promptly suggest itself to our mind than that of Mellier's Tongaline. Knowing as we do definitely the component parts; that each fluid drachm represents thirty grains of Tonga, two grains of extractum Cimicifugæ Racemosæ, ten grains of the Salicylate of Sodium, one-hundredth grain of Pilocarpine Salicylate, one five-hundreth grain of the Salicylate of Colchicin, the combination naturally suggests antagonism to a locked-up condition of the glands, opposition to neuralgia, rheumatism, nervous headache and gout.

Clinical experience extending over a number of years, including all sizes, ages and conditions of patients in private practice and hospital work, as also satisfactory results in one's own family and person, justifies most favorable conclusions regarding this compound.

We commend it earnestly and emphatically to the practitioners of the country at large to meet the conditions to which we have referred.

MELLIER DRUG CO.,
St. Louis, Mo.

DIOVIBURNIA is pronounced by the most prominent professors of medicine as being the most powerful uterine tonic attainable. It is the remedy to right the wrongs and relieve the weakness of the uterus and appendages. It resuscitates to normal condition. It is a sure remedy to prevent miscarriage, also, naseau in pregnancy, restoring the entire uterine system relieving all abnormal conditions of the same.

AGE OF THE DOMESTIC ANIMALS, by Rush Shippen Huidekoper, M.D., professor of Sanitary Medicine and Veterinary Jurisprudence American Veterinary College, New York.

A complete treatise on the dentition of the horse, ox, sheep, hog and dog, and on the various other means of determining the age of these animals with numerous illustrations. Price, $1.75. Published by F. A. Davis, Philadelphia, Pa.

THE PHYSICIAN AS A BUSINESS MAN, by J. J. Taylor, M.D.

It gives us pleasure to speak a favorable word for this little work. There are so many hints for the physician who must needs consider the financial part of his profession for his own sake, but who is unfortunately poorly fitted either by education or training for the work, that we suggest it would be well to have some work of this kind on his table for reference and study. Published by the *Medical World*, Philadelphia, Pa.

A MANUAL OF PRACTICAL OBSTETRICS, by Edward P. Davis, A.M., M.D., Clinical Lecturer on Obstetrics, Jefferson Medical College, Professor of Obstetrics and Diseases of Children Philadelphia Polyclinic.

This book contains 140 finely-executed illustrations, two of which are colored plates. The work is condensed and practical, and will be a great convenience to any man. Published by P. Blakiston, Son & Co., Philadelphia, Pa.